POPULATION TODAY

Vol. 17, No. 12 December 1989

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FROM THE EDITOR'S DESK

Populandia – *Population Today*'s fabled Pacific island – is now 12 years old. According to legend (see December 1988 *PT* and earlier issues), since the beginning of 1978 this Pied Piper continent has been accumulating all the natural increase (i.e., 93 million newborn babes a year) produced by the seven continents.

The populations of those seven continents stopped rising forthwith; now only Populandia grows. Its well-nurtured population, once just 1, now stands at 971,686,740 – teetering on the edge of a billion, and all of them still *pre*-teenagers. Terrifying.

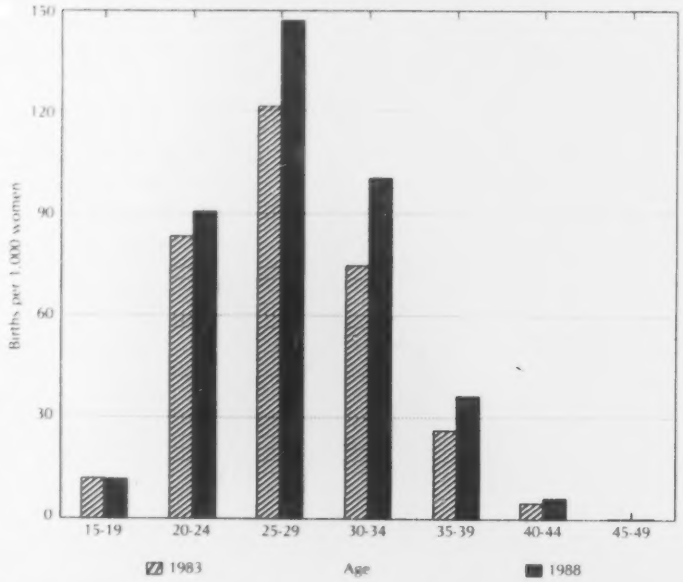
Who would have thunk it? Who would have believed a decade ago that a mythical population island would capture consistent public attention? Who would have believed that *PT* would still be writing about it?

In the same way that this tropical island burst volcanically from the Pacific (as recounted in *PT*'s predecessor *Intercom*, December 1977), so the world's population totals have erupted – 4 billion (back in 1975), 5 billion (1987), 6 billion (projected for 1997), and so on. As they grow older, Populandians will find it routine to be familiarly rubbing shoulders with a world population size that we oldsters would find mind-boggling. But after all, starting around the year 2025 the majority of that world will consist of Populandians.

– Art Haupt

SPEAKING GRAPHICALLY

Sweden's Delayed Fertility in the 1980s



The above bar graphs compare age-specific fertility rates in Sweden for two dates: 1983, when total fertility was 1.6 lifetime children per woman, a decadal low, and 1988, when it had risen to 2.0. Fertility went up for most ages, but particularly for women 25-29 and 30-34 years of age. Futhermore, these women were basically the same women who five years earlier were recording low figures; in retrospect some were simply delaying their fertility and the ultra-low 1983 total fertility rate was not quite the harbinger it may have seemed at the time.

Source: Swedish Central Bureau of Statistics, courtesy of Murray Gendell.

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Editor: Arthur Haupt
Demographic Editor: Carl Haub
Book Review Editor: Nazy Roudi
Contributing Editors: Alex de Sherbinin (Population Update), Wendy Patriquin (Spotlight), Barbara Shane (Survey Report)
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Director of Publications: Winthrop P. Carty
Production Manager: Tracey A. Smith
Production Assistant: Martha Herr
Circulation Director: Jacki Majewski
Manager of Development: Schuyler Richardson

Editorial and Circulation Offices:
Population Reference Bureau, Inc.
777 14th St., N.W., Suite 800
Washington, D.C. 20005
(202) 639-8040

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In addition to POPULATION TODAY, PRB members receive annually four in-depth POPULATION BULLETINS, and two wall charts (the WORLD and UNITED STATES POPULATION DATA SHEETS).

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*Educators and students should send supporting documentation.

Celebrating Six Decades of Population

This year PRB celebrated 60 years of telling the world about population issues.

On Oct. 26, PRB celebrated the diamond anniversary of its founding at a banquet in the National Press Club attended by some 250 well-wishers.

At the banquet, Marshall Green received the PRB Award for Outstanding Contributions to Increased Understanding and Awareness of Population Problems. The commendation was presented to him by Richard E. Benedick, Senior Fellow at the Conservation Foundation.

Ambassador Green was the U.S. Coordinator for Population Affairs at the State Department from 1975 to 1979, during which time his negotiations had helped family-planning programs and raised population consciousness around the world. In his speech he saluted the courage of leaders in Asia, Africa, and Latin America who were tackling population issues – an act that he said sometimes entailed deadly risk because of traditionalists, religious zealots, and fundamentalists.

He also praised Ambassador Benedick, who had succeeded him as Coordinator, and acerbically noted that Benedick had been a casualty of the Reagan Administration's policy changes in 1984 that resulted in the Mexico City policy banning U.S. population funding to international organizations involved with abortion.*

Green was also named a PRB Honorary Fellow. Also named Fellows were outgoing members of the Board of Trustees, Jodie T. Allen of the *Washington Post* and Bennetta B. Washington, former Special Assistant to the Assistant Secretary for Employment and Training as well as former Director of the Women's Job Corps, U.S. Department of Labor.

Dr. Richard Berendzen, President of The American University, gave the evening's main address, detailing the difficulties the U.S. is having keeping up with the changing world of the 1980s, which includes population growth and migration shifts in U.S. relations with other countries. Today, Berendzen said, even the "Made in USA" label proudly flaunted in patriotic TV ads is itself made in Taiwan.

Photos by Ed Castle

Wilhelmine Burch Gibboney and PRB President Thomas Merrick.

In this competitive new world we are falling off the pace, he asserted, because of the deficiencies in U.S. education. He pointed out that the U.S. norm of 180 days of schooling a year is paltry compared to the 200 to 240 days annually mandated in other industrialized countries. The amazing, well-documented blind spots in student knowledge (in such fields as geography) are the results.

In the end, however, the problems afflicting education stem from the problems associated with the nuclear family. "The most important education is what is heard at the dinner table," he said.

Recalling the ultimately tragic NASA program to put a teacher in space aboard the space shuttle, he said that "the thing we don't need is a teacher in space. We need them down here." He had met that teacher – Christa McAuliffe, and she told him, "I touch the future" – which meant, she explained, "I teach the children."

Richard Berendzen warned about U.S. education.

Looking Back

One of those present at the 60th anniversary dinner was Wilhelmine Burch Gibboney – the widow of PRB's founder, Guy Irving Burch. She was with Burch in 1929 when he founded PRB as a one-room "schoolhouse" to educate the American public about population issues.

While serving in the U.S. Army in World War I, Burch, a New Mexico native, had been impressed with the magnitude of Europe's population density, and during the 1920s – the pioneering decade for the birth control movement – his absorption in the field and interest in population growth (both rare concerns at the time) solidified.

During succeeding decades the new PRB, supported by Burch out of his own pocket for its first 20 years, distributed population publications and charts to the media. Burch wrote articles appearing in such periodicals as *The New Republic, Current Events,* and *Birth Control Review,* and served as a manpower consultant to the Selective Service. When he died in 1951, he was considered by many people in the field

Continued on next page

*At present there is a new Acting Coordinator, Bruce Andrus, but no permanent Coordinator has been named by the Bush Administration.

Celebrating Six Decades

Continued from previous page

as a kind of "demographic Paul Revere" who had sounded an alarm about population growth long before it happened.

Following Burch's tenure, PRB continued its informational task under President Robert C. Cook, assisted in part by grants from the Ford Foundation. In the 1960s, when the postwar population explosion reached its peak, PRB's operation increased to a dozen personnel, who produced additional publications and services, including population education, and for some years had a Latin American branch in Bogotá, Colombia.

In the 1980s, PRB enlarged the scope of its operations to include AID-funded international programs, which disseminate policy-relevant research findings to leadership groups in 26 countries, and a new subsidiary, Decision Demographics, to market PRB's research resources to business and government on a for-profit basis.

PRB has come a long way since 1929. It presently makes its home on one floor of a downtown Washington office building, where some 40 employees work in information and education, international programs, policy studies, publications, and administration. Fittingly, one of its latest projects is a forthcoming series of publications for policymakers on the U.S. in the 21st century (see *PT*, July/August 1989).

—A.H.

Ambassador Marshall Green was named an Honorary Fellow.

Portrait of Troubled, Rapidly Growing Sub-Saharan Africa

Sub-Saharan Africa has the highest population growth rate of any region on earth, almost 3 percent annually. But although news and demographic reports emanate from one sub-Saharan country or other, we seldom get a glimpse of the population picture of the region as a whole.

Now, however, PRB's latest *Bulletin*, "Africa's Expanding Population: Old Problems, New Policies," by Thomas J. Goliber, gives a detailed overview of this region in crisis. Gathered together in its pages are wide-ranging data, synopses of the demographic distinctions of various countries (in other reports usually lumped together indiscriminately), and descriptions of the singular trends carrying the region toward an uncertain future.

The 42 variegated nations of sub-Saharan Africa contain 550 million people (divided into some 800 ethnic groups, speaking 1,000 languages and dialects), whose population surge stems from dropping mortality and still-high fertility. The UN projects that nearly a billion people will be added to the region between 1980 and 2025 – a tripling of population in under half a century.

"The effort to develop Africa socially and economically in the face of extraordinary population growth is," Goliber writes, "one of the great unfolding dramas of the modern world."

This *Bulletin* is a successor to Goliber's 1985 *Bulletin*, "Sub-Saharan Africa: Population Pressures on Development," but incorporates new sections and updated information. Among the trends:

- Two geographic belts of especially high fertility run through the region: a western one from Nigeria to Côte d'Ivoire and an eastern one that extends from Sudan down to regions of Zaire and Mozambique. There is also, Goliber writes, a belt of persistently high infertility running across central Africa from Cameroon to Zambia, due to high prevalence of diseases such as genital tuberculosis and gonorrhea.
- Migration (for employment) and refugee movements (fleeing military strife, most notably in Ethiopia and Mozambique) have resulted in millions of people living in countries other than their own.
- The new *Bulletin* gives a comprehensive status report on AIDS conditions in sub-Saharan Africa, where the deadly disease exists at some of the highest levels in the world. As of mid-1988, some 100,000 AIDS cases were estimated to exist in Africa. This figure for active cases must, however, be considered just the tip of the iceberg, since the number of people *infected* with the AIDS virus but not showing symptoms may be 2 to 3 million.

AIDS levels are highest in a belt of seven countries: the Central African Republic, Zaire, Zambia, Tanzania, Burundi, Rwanda, and Uganda.

AIDS in Africa is a predominantly urban disease. Because it is spread primarily as the result of heterosexual activity, equal numbers of males and females suffer from it. No reliable statistics are available to show how fast the disease is spreading, or what the long-term demographic conse-

Africare

Population pressures are increasing on the sub-Saharan region.

quences are likely to be. Although the human cost is severe, computer simulations suggest that the disease will not have significant effect on future population levels in Africa.

Long-term population trends in sub-Saharan Africa do, nevertheless, remain daunting. Present levels of labor surplus, rapid urbanization (some 28 percent of the region is currently urban, projected to be over 50 percent by 2025), and continuing high fertility all are cause for concern.

Economic stagnation during the 1980s prompted many national governments to recognize that rapid population growth might be hindering their socioeconomic development. The region's political climate has shifted away from pronatalist or laissez-faire attitudes toward official policies to slow population growth.

The *Bulletin* details how the policy formation process operates in four countries – Liberia, Nigeria, Zaire, Zambia. The conclusion is that it generally progresses ponderously and is beset with bureaucratic pitfalls. Nonetheless, policy shifts in more and more countries, combined with evidence of increased contraceptive use and fertility downturns in a few countries, give some hope that the region's extraordinary rate of growth may have peaked and will decline in the near future.

A preference for large families and an unmet need for family planning services are two major causes of the region's high fertility. How sub-Saharan Africa copes with these trends during what Goliber sees as the "crucial 1990s" will determine its future. As things stand, if total fertility remains above 6 lifetime children per woman, African population could reach 2.1 billion by 2045.

– A.H.

Copies of the 56-page "Africa's Expanding Population: Old Problems, New Policies," by Thomas J. Goliber, (Vol. 44, No. 3, November 1989), can be ordered from PRB, Circulation Dept., P.O. Box 96152, Washington, D.C. 20090-6152, with checks payable to PRB, or by calling toll free 1-800-877-9881. Visa or MasterCard accepted. Prices are: $7.00 per single copy; 2-10 copies, $6.50 each; 11-50 copies, $5.50 each; 51 or more, $4.00 each. Orders for $50.00 or less must be prepaid. For U.S. orders, include $1.00 or 5 percent (whichever is greater) for postage and handling.

SURVEY REPORT

Honduras

The most recent Honduran national level survey, the Epidemiology and Family Health Survey of 1987 (EFHS), shows varying degrees of progress on a wide range of health and fertility measures in this Central American country of 4.4 million people.

The total fertility rate (TFR) has not changed since 1984, holding at 5.6 average lifetime children per woman. Urban fertility in the Tegucigalpa/San Pedro Sula areas is as low as 3.5 while women in rural areas (where 60 percent of the population lives) are having 6.9 children on average. Average ideal family size is considered to be 3.2 children.

As might be expected, the rates of contraceptive use also vary by place of residence. While 41 percent of married women in Honduras as a whole use contraception (33 percent modern methods), 63 percent of urban women practice contraception, as opposed to only 30 percent of rural women. While prevalence increased almost 30 percent between 1981 and 1984, the increase between 1984 and 1987 was 17 percent.

Interestingly, the earlier increase was due to a rise in use of modern methods (notably pills, IUDs, and female sterilization), while the latter change documents a greater increase in the use of traditional methods.

Pills and female sterilization are the most commonly used methods of contraception. Most women received their pills from ASHONPLAFA, the Honduran family planning association, through clinics or the association's Social Marketing Program. Most sterilizations were performed at private or Ministry of Health hospitals (the latter through an agreement with ASHONPLAFA). While 9 out of 10 sterilized women said they were satisfied with the procedure, almost half of pill ever-users said they had had problems with the method.

Women said that 20 percent of recent pregnancies were unwanted and a similar proportion were mistimed. Half of married women want no more children and an additional 21 percent want to delay the next pregnancy for at least two years. Sixteen percent of married women are estimated to be in need of contraception to avoid an unintended pregnancy.

Infant and child mortality rates have been declining. According to the EFHS, infant mortality declined from 71 deaths per 1,000 live births in 1981 to 49 deaths in 1985. About half of all deaths of children under age 5 are caused by acute respiratory infections and/or diarrheal diseases. Most children who had diarrhea received some treatment, although only 18 percent of those treated received oral rehydration therapy. Immunization of children has been mandatory in Honduras since 1981.

Eighty-six percent of the women received prenatal care during their last pregnancy and about half received a tetanus toxoid injection. Sixty percent of all births take place at home and most are assisted by traditional birth attendants. The average duration of breastfeeding is 17.3 months.

Although urban and more educated women tend to breastfeed for shorter periods, there has been an increase in breastfeeding duration since 1984 with most of the rise found in the urban areas and among younger and more educated women. Such a finding not only indicates the success of recent breastfeeding education campaigns (PROALMA), but also refutes the assumption that modernization must be associated with a decline in the average duration of breastfeeding.

– B.S.

Lyle Saunders (1907-1989)

A pioneer in medical sociology and development of international population policy and programs, Lyle Saunders died at his home in Santa Fe, N.M., on Sept. 18, aged 82. His extraordinarily productive and influential career as scholar and adviser was first devoted to the Spanish-speaking people of the Southwestern U.S. and then to efforts to cope with population growth in the Third World.

Born in Kansas, Saunders earned a B.A. at the University of New Mexico before going on to graduate study in sociology and anthropology at the University of Chicago.

While on the faculty of the University of New Mexico, Saunders devoted a number of years to field work with the Spanish-speaking people of Northern New Mexico, working to understand their culture as it influenced their health and medical care. Later, at the University of Colorado (1961-1964), he held a joint appointment in the departments of sociology and preventive medicine.

It was from those fields that he came to population. In 1961, he served as an evaluation consultant to the Indian government's Central Health Education Bureau. Two years later he joined the Ford Foundation's Population Program, where he served for the next 14 years. For the remainder of his career Saunders collaborated with colleagues helping to devise population policies – often from ground zero – and work out strategies for implementing family planning programs in numerous less developed countries.

In his early years at the Ford Foundation, Saunders assisted in the formulation of national population policies in Kenya, Ghana, and Malaysia, at the invitation of local government officials. He also took up residence overseas for extended work with national programs as Advisor to the National Family Planning Board of Malaya in 1967, Program Advisor in Population for Southeast Asia, in Bangkok in 1971, and as the World Bank's Resident Advisor to the Chairman of Indonesia's National Family Planning Coordination Board in 1973.

By virtue of his cultural sensitivity and

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SOFTWARE

NATASHA is a CD-ROM product that contains 109 research data sets covering the subject of U.S. teenage pregnancy.

Short for National Archive on Sexuality, Health, and Adolescence, NATASHA promises "the best available data" on the causes and consequences of teenage sexual behavior, contraceptive use, pregnancy, pregnancy resolution, and parenthood. It also includes health and other survey data from the Census Bureau, National Center for Health Statistics, and many other sources.

To access these data, NATASHA includes search and retrieval capabilities and study summaries. It also includes SPSS program statements that can be utilized with the widely used SPSS statistical program.

NATASHA requires an IBM PC or compatible with at least 640K RAM, a hard disk, DOS 3.1 or higher, and a CD-ROM drive. Price is $495, which includes one year of free technical assistance. Contact: Sociometrics Corporation, 685 High St., Palo Alto, Calif. 94301, phone 415-321-7846.

– *A.H.*

POPULATION UPDATE

Estimated United States Population:

As of August 1, 1989	249,019,000
As of August 1, 1988	246,563,000

The above estimates include armed forces overseas and are from U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1047.

Estimated World Population:

As of December 1989	5,273,000,000
Annual growth	93,000,000

Extrapolated from the mid-1989 population on PRB's *1989 World Population Data Sheet*.

Latest Provisional Statistics for the U.S.: June 1989

	12 months ending with June					
	Number		Rate			
Item	1989	1988	1989	1988	1987	1986
Live births	3,940,000	3,855,000	15.9	15.8	15.5	15.6
Deaths	2,149,000	2,169,000	8.7	8.9	8.7	8.7
Natural increase	1,791,000	1,686,000	7.2	6.9	6.8	6.9
Marriages	2,389,000	2,368,000	9.7	9.7	10.1	10.0
Divorces	1,180,000	1,163,000	4.8	4.8	4.8	4.9
Infant deaths	38,800	38,400	9.9	10.0	10.1	10.5
Population base (in millions)			247.1	244.5	242.2	239.9

Note. Rates are given per 1,000 population, except for infant deaths, which are given per 1,000 live births.

Source. Monthly Vital Statistics Report (Vol. 38, No. 6) from the National Center for Health Statistics.

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– compiled by Martha Herr

Saunders

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practical wisdom, Saunders became one of the most sought-after and effective technical assistance practitioners in the population field. He contributed to strategic thinking on the role of the social sciences in population work, helping to shape Foundation programming in this area. He was the author of highly influential papers on the social sciences and population prepared for international conferences, including a monograph published by the Malaysian government in 1972, which developed the concept of attaching a population unit to government planning ministries of less developed countries.

In a 1971 memorandum he suggested a strategy for support of population research by young social scientists in Southeast Asia, enlisting senior scholars in the region to assist them in research design and implementation. This was the origin of successful Southeast Asian Population Research Program (SEAPRAP), which in turn served as a model for the continuing Middle East Awards Program in Population and Development (MEAwards), sponsored by the Population Council.

Saunders is also remembered as a punster, poetry aficionado, and pilot. He is survived by his wife, Maxine, their son and daughter-in-law, Bruce and Laura, their granddaughter, Kate, and by a host of population and health workers around the world who have been guided by his wisdom and delighted by his humanity.

— Oscar Harkavy

Robert Dinkel (1908-1989)

Robert Dinkel, a former vice president and Honorary Fellow of PRB, died Sept. 11 in Greensboro, N.C. at the age of 81.

Dinkel attended Notre Dame University and received his PhD in sociology from the University of North Carolina. He was a professor of sociology at Guilford College, wrote widely on population issues and was a member of the International Union for the Scientific Study of Population (IUSSP). He served as PRB's vice president from 1960 until 1965, and was a member of the Board of Trustees from 1966 to 1968.

— A.H.

TAKE A NUMBER

Queuing Up. Tom Espenshade of Princeton's Office of Population Research writes with the following: "According to PRB's *1989 World Population Data Sheet* the mid-1989 world population was 5.234 billion persons. Moreover, the 1989 UN population estimates and projections volume (i.e., the 1988 assessment) indicates that the annual increment to world population size during 1985-1990 is 88 million.

To make these numbers less sterile and convey a sense of their magnitude, I have made the following calculations.

"If we assume that the average person (including men, women, and children) is 5.28 feet tall (i.e., about 5 feet 3 inches in height), then 1,000 persons laid end to end would equal one mile. The 1989 world population laid end to end would then equal 5,234,000 miles of people. This would:

1. circle the earth 210 times
2. make 22 round trips to the moon
3. reach nearly 6 percent of the way to the sun.

"The line of people would grow by 88,000 miles per year (88 million people divided by 1,000 persons per mile) or by 241 per day.

"Suppose these people were laid out along a smooth and level highway. According to a local bicycle shop owner, this year's winner of the Tour de France, Greg Lemond, would be 'pushing it' to average 24 miles per hour if he rode for 10 hours each day. But riding at this speed for 10 hours a day, 7 days a week, 52 weeks a year is just what he would have to do to keep up with the expanding line of human population."

U.S. Metro Growth. The Census Bureau has issued its estimates of U.S. metropolitan areas for 1988, and the series reflects some subtle shifts in growth patterns. The "oil bust" continues to dampen growth in Texas. The Dallas-Fort Worth area grew to 3.8 million, but only added 34,000 from 1987 to 1988, a sharp drop from the 1980-1987 annual average gain of 110,000. Houston-Galveston-Brazoria's growth also remained sluggish.

The slower growth in these Lone Star metro areas could result in the Washington, D.C. area passing Dallas in population size next year to take the Number Eight spot; Washington had recently passed Houston to recover its ranking of ninth. Rapid, even accelerated growth continued in Los Angeles which along with Tokyo is the fastest-growing large city in the industrialized world. The Los Angeles-Anaheim-Riverside metro area grew by over 300,000 in one year and has added 2.3 million population since 1980 to rise to 13.8 million by 1988.

— C.H.

ADDENDA

The Far Side, by Gary Larson

"Bob and Ruth! Come on in . . . have you met Russell and Bill, our 1.5 children?"

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CURRENT READINGS

PRB welcomes materials on population topics for possible inclusion in Current Readings. Publishers may address review copies to Book Review Editor, POPULATION TODAY, Population Reference Bureau, 777 14th St., N.W., Washington, D.C. 20005.

CHOOSING A CONTRACEPTIVE: Method Choice in Asia and the United States, edited by Rudolfo A. Bulatao, James A. Palmore, and Sandra E. Ward. (Published in association with the East-West Center, Honolulu, Hawaii.) Boulder, Colo.: Westview Press, 1989. 347 pages.

Decisions at many levels – international, national, community, and individual – influence, in concert, observed prevalence rates and method mix. Although demographers are familiar with these rates, they have tended to shy away from analyzing how and why an individual makes the ultimate decision to choose a particular method above any others available (or to choose no method).

This relative neglect is understandable; analysis of decision making involves delving into social psychology. Furthermore, the sheer complexity of the subject matter and the range of factors to be considered make devising an appropriate framework and statistical analysis a herculean task.

This tightly packed volume, developing but distinct from a seminar held in 1985, leads demographers firmly into this relatively uncharted area. An introduction sets out the structure and focus of the book and describes the geographical context – Asia and the U.S. – where family planning programs have long been established, prevalence is generally high, and quality data sets are available.

The various behavioral decision models pertinent to contraceptive decision making are clearly and succinctly reviewed and discussed in a chapter devoted to psychosocial aspects. Much of the work quoted has been published in the social-psychology literature, but this book may bring it to the attention of many demographers for the first time. Chapters on the role of accessibility, provider perception of methods, and pricing in influencing method choice are also included in the first section, which examines the approaches to the study and analysis of method choice.

Asia demonstrates strikingly heterogenous method mixes, providing a rich array of country contexts to analyze method choice. Two chapters, one on method mix and one specifically on sterilization in the white population in the U.S., are also included. These country-study chapters primarily analyze method choice in terms of socioeconomic and demographic characteristics, although one takes a psychosocial, and another an access, focus.

An important final chapter presents a suggested framework for analysis, encompassing psychological, sociodemographic, and economic factors. An example of multinomial logit analysis is included as an appendix – a useful device, since this is the statistical model utilized in several of the country studies, and not everyone may be familiar with it.

The book's aim, to be both "policy relevant and technically sophisticated," is well met. In addition, it points the way to much further research, in terms of the micro dynamics of decision making itself, and the role of partners, accessibility, and information provision for increasing congruence between intention to use and actual behavior.

At present, decision-making models appear to be better at predicting the former. The point where a former set of intentions have been transformed, with varying degrees of success, into actual behavior – the stage captured by demographic surveys – also poses interesting lines of inquiry in terms of elucidating the underlying dimensions of choice, particularly when sociodemographic differentials are evident.

In addition, the role of programs in educating, dispelling rumors, and providing information, that is, increasing cognitive access, appears to be a salient area for further research. Demographers, academics, policymakers, and program planners will find much to stimulate them in this important and substantial book.

– Gwenda Brophy

Books Received

ADDRESS UNKNOWN: The Homeless in America, by James D. Wright. Hawthorne, N.Y.: Walter de Gruyter, 1989. $36.95.

AGE WAVE, by Ken Dychtwald and Joe Flower. Los Angeles: Jeremy P. Tarcher, 1989.

ATLAS OF MEXICO, by James B. Pick, Edgar W. Butler, and Elizabeth L. Lanze. Boulder, Colo.: Westview Press, 1989.

POPULATION AND RESOURCES IN A CHANGING WORLD, by Kingsley Davis, Mikhail S. Berstam, and H.M. Sellers. Stanford, Calif.: Morrison Institute for Population and Resource Studies, Stanford University, 1989.

THE NEW IMMIGRATION: Implications for Poverty, by Leif Jensen. Westport, Conn.: Greenwood Press, 1989.

WOMEN AT RISK: The Need for Family Planning Services. New York: Alan Guttmacher Institute, 1987.

PREVENTING MATERNAL DEATHS, by Erica Royston and Sue Armstrong. Geneva: World Health Organization, 1989.

HAITI

Population (mid-1989 est.): 5.9 million (mostly of African descent)
Land area: 10,714 sq. miles (size of Maryland)
Population density: 551 per sq. mile
Births per 1,000 pop. (1988 est.): 47
Deaths per 1,000 pop. (1988 est.): 16
Rate of natural increase (1988 est.): 3.1 percent
Infant mortality rate (1982-87 est.): 101 infant deaths per 1,000 live births
GNP per capita (1987 est.): $360
Capital: Port-au-Prince

by John F. May

Haiti's recent socioeconomic and demographic evolution contrasts sharply with that observed in the neighboring countries. Today, in nearly all Caribbean countries, life expectancy at birth is almost 70 years, fertility has declined to less than 4 lifetime children per woman, primary school enrollment rates are nearly 100 percent, and contraceptive prevalence rates for modern methods stand at at least 50 percent.

In Haiti, by contrast, expectancy of life at birth is only 55 years, fertility has increased in the past 15 years from 5.5 to 6.4 lifetime children per woman, only 50 percent of primary-school-age children actually attend school, and the contraceptive prevalence rate remains below 10 percent, with no increase in the past 20 years.

Nevertheless, some socioeconomic changes have occurred during the last few decades. A comparison of data from population censuses – 1950, 1971, and 1982 – indicates that primary education now reaches more children and that the urbanization process has continued at a rapid pace, although only 26 percent of the Haitian population lived in cities in 1982.

Infant mortality has declined from 140 in the late 1960s to about 100 per 1,000 live births today. Moreover, despite severe international economic conditions, Haiti has experienced a

shift from agriculture to other economic sector activities.

Still, agriculture remains the largest sector of the country's economy – employing 65 percent of the labor force – but with disappointingly low productivity. Acute deforestation has compounded the problem and subsistence agriculture can no longer support the rapidly increasing rural population. Haitian peasants move to the cities, often to end up in filthy slums, or migrate to neighboring countries, as exemplified by the boat-people phenomenon.

The deepening of the agriculture crisis in rural areas (all FAO indices have declined since 1975) has led to massive emigration flows, and since the early 1980s, about 40,000 Haitians are estimated to have left their country each year. It is now estimated that nearly 1 million Haitians live abroad. This huge diaspora has found refuge mostly in the U.S., Canada, and the Dominican Republic, but also in the Bahamas, French Guyana, Guadeloupe, and France.

Fertility has not declined as it did in all neighboring countries, but instead has risen as the result of persistent low contraceptive levels and earlier and increased frequency of unions. This was established by the last three fertility surveys: 1977, 1983, and 1987. Consequently, the rate of natural increase shifted from about 2 percent to a current estimated 3 percent per year. Since the early 1970s, attempts to launch an effective family planning program have failed, partly due to the opposition of particular groups to the very concept of family planning.

Recent population projections made from latest available data indicate that the total population of Haiti could reach between 9.5 and 15.5 million by 2025, depending on various assumptions. Among these, it is projected that mortality conditions will gradually improve, with the expectancy of life at birth increasing to about 67 years by 2025. However, it is not known how the Acquired Immune Deficiency Syndrome (AIDS) epidemic, which spreads in Haiti mostly through heterosexual contacts and mother-to-child transmission, will affect infant, child, and general mortality.

The upcoming sharp increase in the Haitian population will doubtless have dramatic consequences on all sectors, among others on agriculture and the environment. Yet, interest to integrate population variables into socioeconomic planning is emerging and in June 1989 the Government has set up an Inter-Sectoral Committee to draft a population policy statement.

One of the major remaining challenges is to provide Haitian couples with free access to family planning information and services, for which demand is significant according to surveys. This is necessary not only to allow couples to exercise a fundamental human right to plan their families but also to alleviate population pressure on scarce resources. Indeed, the problems of Haiti may soon become a regional issue, namely through uncontrolled Haitian emigration. One may wonder whether neighboring countries are prepared, or willing, to address this crucial issue properly.

Demographer John F. May is Coordinator of Francophone Programs at The Futures Group, Washington, D.C. The author is grateful to Dr. Emmanuel Adé, Executive Secretary of the Conseil National de Population (CONAPO) in Haiti and Jean-Pierre Guengant, ORSTOM/Guadeloupe, for their contribution to this Spotlight.